

THE HYPNOTIC STATE OF HYSTERIA.¹

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THE seeming mysticism which has enveloped a certain case, some thirty miles east of Buffalo, has attracted widespread attention, not only in the professional, but in the secular press as well. Hints at witchcraft, sorcery, etc., have been enounced by those who have watched the progress of the case, as recorded in the local papers, and this feeling has taken some root among the incredulous and skeptical. It is to clear up and efface some of this feeling that I present this paper to the Association, and hope I may be able to throw some light upon a case, not unparalleled, as many suppose, but well known and definitely placed in our nosology.

The first reports of the case reached me while attending the nervous clinics of Prof. Charcot at the Salpêtrière, Paris. I had not long to wait before seeing cases similar to the one in question, and noted carefully all symptoms and modes of treatment, hoping that on my return I might be able to apply them. Although acquainted with the family for years, my endeavors to gain the case proved unavailing. The report of the case, therefore, is based upon material furnished me by Editor Landsittel, of the "Attica News" (who was a trusted and confidential friend of the family), and by observations which I made during my several visits to the patient:

Emma T. Alt: age, twenty-six years; married March 6, 1886; two children, one living and one dead; height, five feet three inches; weight, 160 pounds, before taken sick; complexion, fair; hair, dark-brown; constitution, strong, vigorous, healthy.

Antecedents.—Parents came to this country from Northern Germany thirty-five years ago. Paternal side free from

¹ Presented to the American Neurological Association at the Annual Meeting in Philadelphia, June, 1890.

any hereditary taint; maternal side has neuropathy plainly stamped upon it.

Early History.—Patient passed through the common infantile affections without any apparent sequelæ. She received a limited education, and was considered very apt in her studies; was employed for some years as a domestic, and was regarded as a quiet, unassuming young lady. Previous to her taking sick, she passed through much mental and moral excitement, which doubtless laid the foundation for her future condition.

About the middle of August, 1887, she was taken ill, as the physician then reported, with a "severe dysentery, followed by inflammation of the bowels and stomach and the formation of abscesses." When these abscesses were relieved she usually fell into a sound sleep, lasting about three days. She would then lie partially awake for a day and a night, and then gradually sink back into another sleep of from five to seven days. The length of these sleeps increased to ten to twelve and more days, and on February 27, 1888, she awoke from a seventeen days' sleep. It was during this last sleep that her case attracted attention, and was first reported in the local paper ("Attica News," February 24 and March 2, 1888). During the trance she is described as "lying on her left side, with her right arm slightly thrown up over her head; she lies perfectly still, save a slight delirious waving of the upturned hand and at times a tremulous movement of the upper eyelids. Her lips are continually moving in soft whisperings, uttering passages from sacred songs, etc. There are hours of inanition, when the hard breathing, the movement of the hands and eyelids, and the mutterings cease altogether." At the hour predicted she awoke from her slumber, and appeared to be in good humor for some time. When questioned as to what transpired during her sleep, she could not reply.

On February 28, 1888, she fell into another trance, as predicted by her. "Her right hand, warm and active, is thrown over her head, while her left hand lay upon the counterpane, white, cold, and lifeless. Her pulse is scarcely perceptible, respirations heavy and regular, and the motion of her right hand is strong and regular as clockwork." She awoke after three days.

On March 11th she fell into her predicted thirty days' trance. "She is now perfectly still, her body and extremities are cold and white, while her face is flushed. Pulse, 65 per minute and very feeble." During this period visitors were admitted into her room and tried to awaken her by pinching and pricking the skin, and as a consequence her

arms and neck are covered with black and blue spots. All attempts to awaken her from this sleep were unavailing.

On April 13, 1888, at 8.25 P. M., she emerged from her long sleep. Just before awakening she was taken with epistaxis, rise of temperature, and a strong pulse, which continued for a few hours, then disappeared. During the interval of rest she neither closes her eyes by night nor day, has no appetite, and her attitude becomes rigid, save the movement of the eyelids.

After a few days she fell into another sleep of short duration, and on awakening was taken "with a severe coarse cough, could not speak above a whisper, and respired with much difficulty."

April 7th she fell into another sleep of three days' duration.

April 12th she had another trance of two days' duration. From this time on, without any apparent cause, her attacks of *sommeil* (as the French term it) have been wearing off, her appetite is improving somewhat, and she shows signs of general improvement.

Some of the minor points I have purposely omitted, as they have no bearing upon the truly scientific part of the case and would only serve to confuse the clinical history. The story of her being poisoned, and the appearance of hemorrhagic spots upon her body (which make their appearance but once a year, generally on June 15th) as it occurred in 1888 and 1889, has also been ignored.

My first visit to the patient was made in September, 1889. I found her thin, pale, and haggard, quietly reposing upon her bed, surrounded by much medicine and many attendants. The room was closely curtained, with a temperature nearly that of body-heat, and her immediate vicinity showed that trim and tidyness so characteristic of such mental states. Her mind was unobscured, her memory seemed unimpaired, and she appeared to have full possession of her mental faculties. Her face and hands showed no deformity, her tongue did not deviate from the median line, and the orbits were normal in their movements. The grasp of her hand was feeble. I could not examine the lower extremities, but was informed that she had no motion in them; whether this was due to inanition or hysterical paraplegia, I cannot say.

Her voice was very feeble and not above a whisper, showing marked aphonia. Her respirations were frequent and superficial, dyspnoic in character, analogous to tachypnœe. Pulse small and feeble, 85 beats per minute. Temperature did not seem to be increased. Ageusia, anosmie, and ocular troubles had existed, but were now much improved. A careful examination of the general sensibility could not be made, but the arms and face showed no anæsthesia. Ovarialgia was wanting, as were other hysterogenic points.

A searching inquiry into her condition during the trances elicited the following: She generally fell asleep and awoke at nearly the same time, viz., 8 o'clock P. M. On some occasions she would awaken after an epistaxis or slight convulsion. While asleep her breathing was inaudible, not stertorous. Her food (which consisted of milk) was administered to her by forcing open her teeth and allowing it to run into the mouth from a spoon. The amount was variable: some days but a few teaspoonfuls were retained, at other times more.

During the periods of slumber she neither urinated nor defecated, but just before awakening incontinence would set in. At times, during these trances, she would have fainting-spells, convulsions, and, on one occasion, fell from the bed, inflicting some injury to her right arm.

Recently admission to see the patient has been denied me, and I cannot report her present condition.

On June 15th, 1890, I had occasion to see the patient, having previously been informed that the 'black and blue spots' had reappeared that morning. I found her apparently in the same general condition as at my last visit, some months ago, but on interrogating elicited the following history: At times during the day she is able to sit at a window for a few moments, and appears to be gaining in strength. Her food is limited to milk, of which she takes a small quantity daily. Instead of being in a condition of hypnosis, she is now prone to prolonged wakefulness, sleeping from two to four hours in every forty-eight hours. That morning (June 15) about 1 o'clock, she complained of

a burning sensation about her arms and body, followed by swelling, so that her sleeves had to be opened. About 3 P. M. that day I found her arms and body covered with large plaques, purplish blue in color, somewhat raised, but without pain or pitting. The extravasated portions were somewhat warmer than the surrounding parts, did not disappear on pressure, not symmetrical, but diffused over the arms and neck and chest. This condition lasted 2 to 3 days, and then disappeared—no doubt ready to reappear June 15, 1891.

The clinical history of the case resembles strikingly two cases which I had the pleasure of observing at the Salpêtrière, Paris. These cases, familiarly known as "dormeuses," were only conditions or states of that extensive nervous affection, hysteria, and were designated by Charcot as the "hypnotic state of hysteria." Charcot contends that this state is nothing more than "hysterical convulsions," "transformed" or "modified," or the "equivalent of a series of convulsive hysterical attacks." In such cases the attacks occur so frequently that the patient, before leaving one, is seized with another, and these continue almost *ad infinitum*. Attacks may follow each other with surprising alacrity. In a case studied carefully at the Salpêtrière, a series of 8,000 attacks occurred in fifteen days, and 21,708 in twenty-six days. In another case 4,506 attacks occurred in thirteen days; another had 17,083 attacks in fourteen days. In these cases, the attacks becoming modified by frequency, make up one long attack, lasting from days to weeks, and finally terminate or are transformed into hypnosis. Whether this theory be the correct one or not, it is very evident that these hypnotic states differ materially from induced hypnosis, on the one hand, and normal sleep, on the other.

Characteristic of the hypnotic state of hysteria are: 1, history of hysteria; 2, trances of variable duration; 3, complete resolution of all tissues of the body; 4, inability to rouse except in those patients offering ovarialgia; 5, absence of stertorous breathing; 6, marked diminution or suppression of the excreta; 7, oscillatory movements of some portions of the body; 8, capacity to forego aliment; 9, masked convulsions; 10, periodicity.

1. *History of Hysteria*.—Charcot states that they are nearly all subject to grand attacks, and in some cases these attacks of hystero-epilepsy are transformed into attacks of hypnosis. The case in question did not develop hysteria until after she became the victim of circumstance. It then progressed rapidly. I am informed that she was never subject to grand attacks, the symptoms choosing some other way to disclose themselves.

2. *Trances of Variable Duration*.—These may last from a few days to weeks, months, and even years. The longest trance in the above case lasted thirty-two days. One case that I observed at the Salpêtrière was asleep forty days; another, twenty-nine days. Charcot has observed some lasting very much longer.

3. *Complete Resolution of all Tissues of the Body*.—The sensory, motor, nutritive, and other systems of the body seem to be in a state of stupor and their normal physiological action reduced to a minimum. This condition has been likened to the hibernation of some of the smaller mammals, characterized by a long period of stupor and torpidity, lasting through the winter months. Exceptions may occur in some cases, where contraction of some member may persist throughout the hypnosis. Otherwise the members are limp and anaesthetic, but retain their normal temperature and appearance.

4. *Inability to rouse the Patient except when offering Ovarialgia*.—All methods calculated to rouse one from a deep normal sleep prove unsuccessful in these cases. Faradization, inhalation of strong ammonia, pinching and puncturing the skin and nerves, do not cause the slightest modification of the physiognomy. In those cases offering ovarialgia or other hysterogenic points, the key to the situation is generally present. It is well known that digital pressure over these points may precipitate an hysterical attack, and also abort one. In like manner this procedure may throw the patient into a trance, and, on the other hand, may rouse him from his slumber. In some cases only a partial awakening is obtained, the patient uttering some cry and then relapses into his former condition.

5. *Absence of Stertorous Breathing.*—This, so common in normal sleep, owing to relaxation of the velum palati, is always absent in hysterical slumber, and serves as an aid in distinguishing the normal from the abnormal sleep.

6. *Marked Diminution or Suppression of the Excreta.*—Since the organs of the body are in a state of stupor, it follows that their functions are also impaired. The processes of nutrition, assimilation, oxidation, etc., are very sluggish and inactive, and, as a result, the excreta are notably diminished. In the case in question it is stated that while asleep no urine or feces passed from her, either voluntarily or involuntarily. Generally the urine is very much diminished, both qualitatively and quantitatively. A short time before awakening, the urine increases in quantity and the salts reappear in their full strength. This is generally taken as an index of a speedy awakening, and can in most cases be relied upon.

7. *Oscillatory Movement of Some Parts of the Body.*—Generally noticed in the upper eyelids, and on attempting to open the lids the vibrations become more pronounced. The hands may also become tremulous—as in the above case—resembling very much the tremor of paralysis agitans.

8. *Capacity to forego Alimentation.*—The comatose condition in which these patients seem to be really calls for little nutriment to supply the waste of tissue which is slowly going on. Loss of weight is generally noticed in every case, but is not in direct ratio to the amount of food ingested and the duration of the trance.

9. *Masked Convulsions.*—In one of Charcot's cases the patient while asleep would raise the body to the sitting posture, then fall back into her former position, at the same time muttering some inaudible sentences. In the case in question, "fainting-spells" occurred quite frequently while asleep, followed by convulsions and mutterings, which were of a religious nature. The pulse and respirations during the trances remained normal—the same as occurs during the grand attacks of hystero-epilepsy.

10. *Periodicity.* In hysteria, periodicity plays an important role, and may almost be called pathognomonic of this state. The time for passing into or out of the trances in every case occurred always at or near 8 o'clock P. M.

The prognosis and treatment of these cases is that of general hysteria.

CEREBRAL GUMMA SIMULATING THE SYNDROME OF GENERAL PARESIS.

The "Annales Médico-Psychologiques" for March, 1890, contains clinical archives of particular interest, notably the history of the condition mentioned above. A cerebral tumor may give rise to symptoms that belong to general paresis, as loss of intellect, difficulty of speech, inequality of the pupils, and thus confuse the diagnostician. Syphilitic lesions of the brain, vascular alterations of its coverings or substance, cause diffuse periencephalitis and bring about clinical symptoms of general paresis. Zambaco cites a case where manifestations of general paresis appeared twenty years after a chancre and syphilides. The autopsy revealed a gumma the size of a hazel-nut in the anterior portion of the frontal lobe, near the median line. The entire brain was softened, particularly in its anterior lobes. The ventricles contain an enormous amount of serous fluid. But there are subtle differences between real and simulated general paresis. The syphilitic is idiotic, brutalized, and prematurely demented; his ideas of grandeur and ambition are less expansive; his egoism is less; he is more reserved and timid. The tremor, which consists in a trembling and a fibrillary, vermicular movement of the lips and tongue—almost pathognomonic of general paresis—is comparatively slight and sometimes absent among syphilitics. Tremor in the hands is frequent, though not of the same degree as in general paresis. Motor disturbances, partial or general, exist earlier in syphilitics than in paretics (Manriac). The following is the summary of a case in which certain neurologists—Magnan, Maradon de Montyel—gave a diagnosis of general paresis associated with hypochondria:

Louis A., twenty-nine years, cook; impairment of intellect; ideas of ambition and hypochondria; difficulty of speech; inequality of the pupils; excitement, especially at night; food refused; death from marasmus. Autopsy: meninges not adherent, but gumma in the left hemisphere.